

Pharmaceutical Care Block Diagram

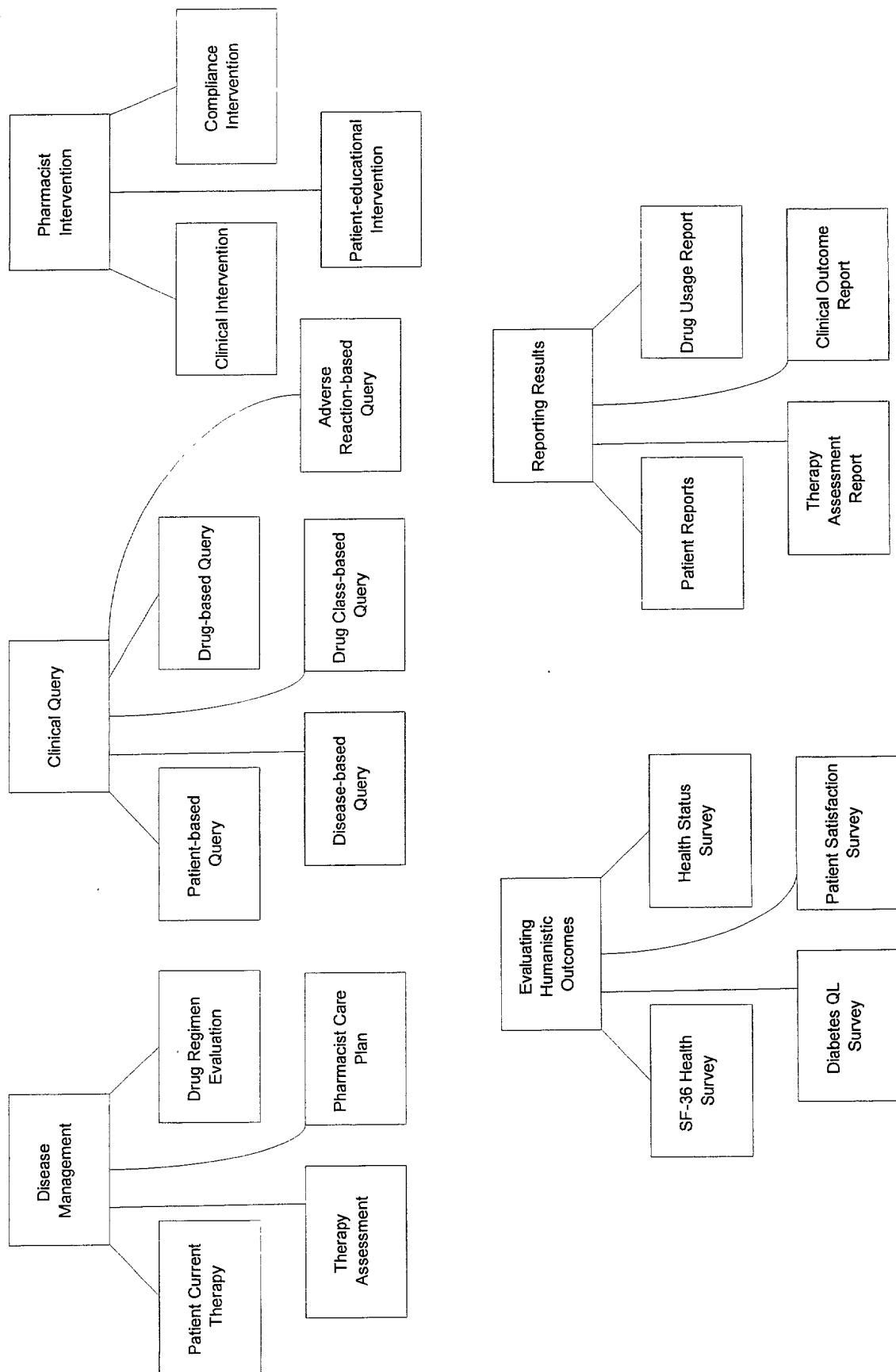


FIG. 1a

Pharmaceutical Care Block Diagram

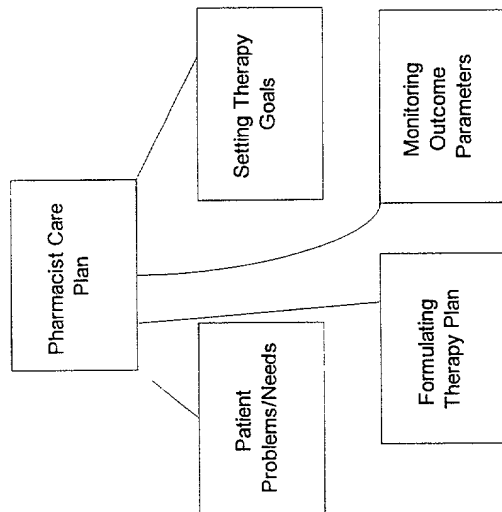


FIG. 1b

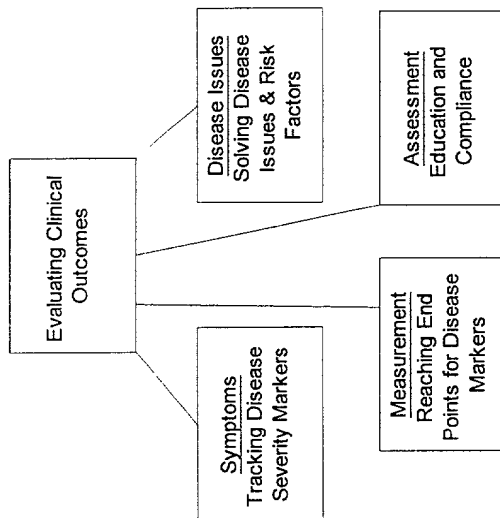


FIG. 1c

Patient Current Therapy

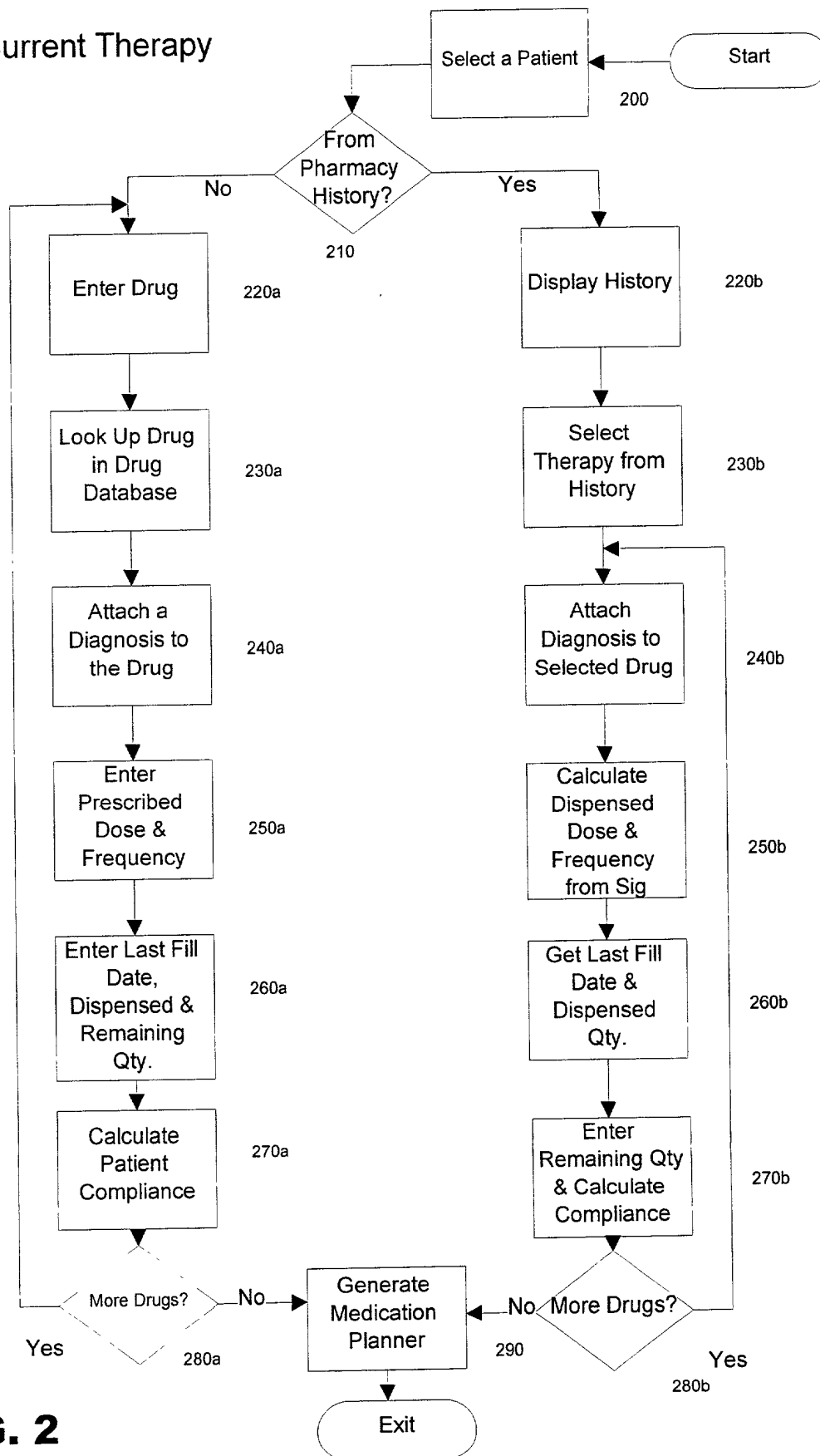


FIG. 2

Drug Use Evaluation

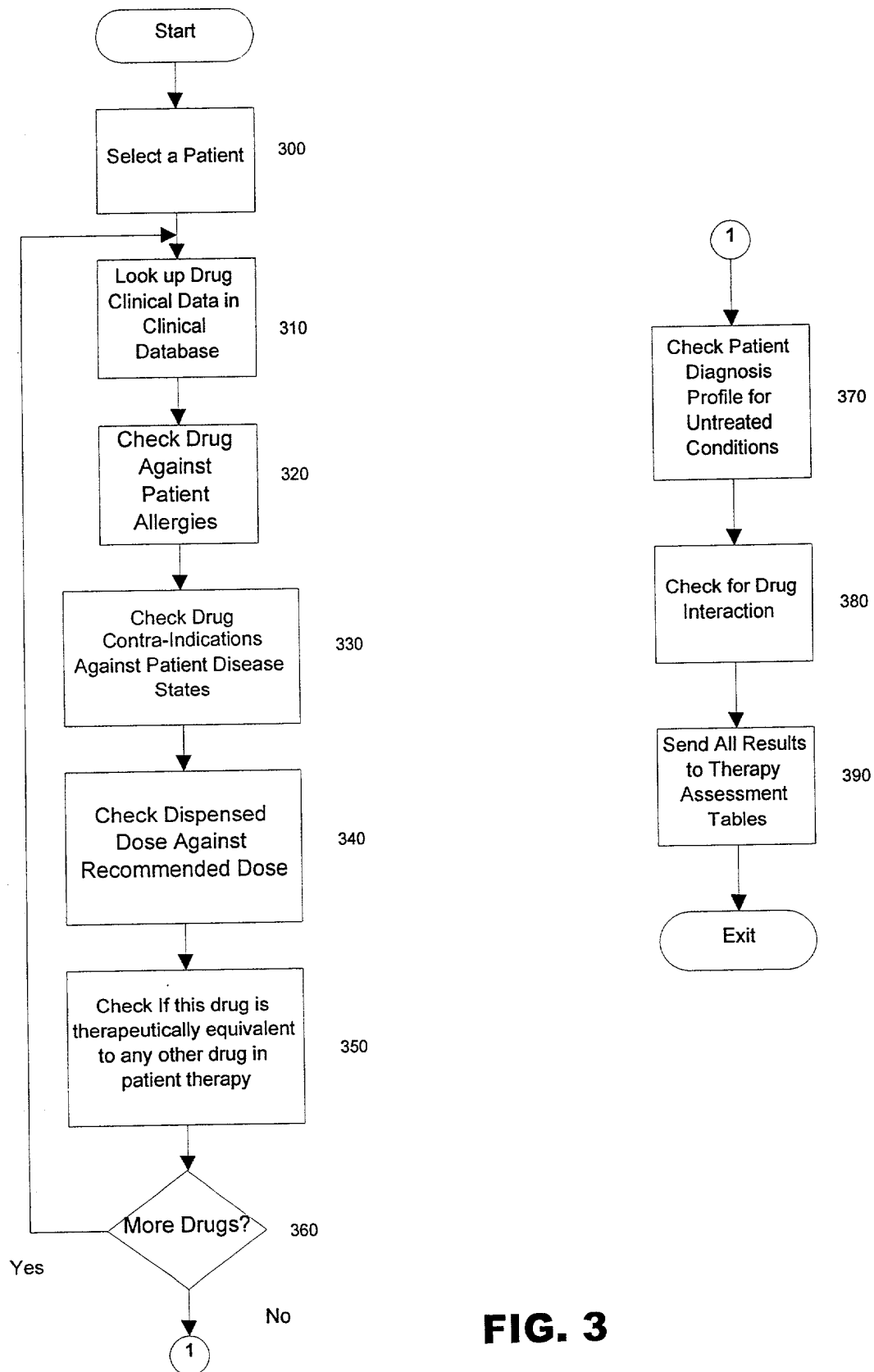


FIG. 3

Pharmacist Care Plan

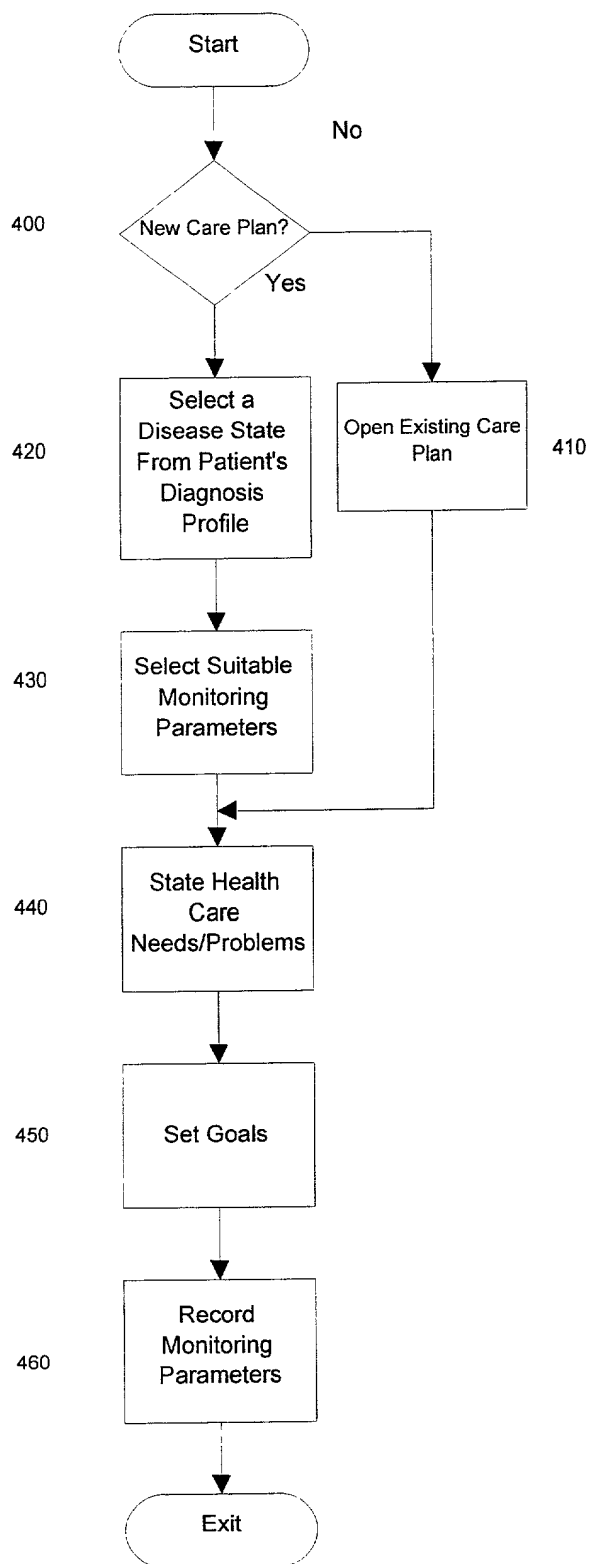


FIG. 4

Patient-based Query

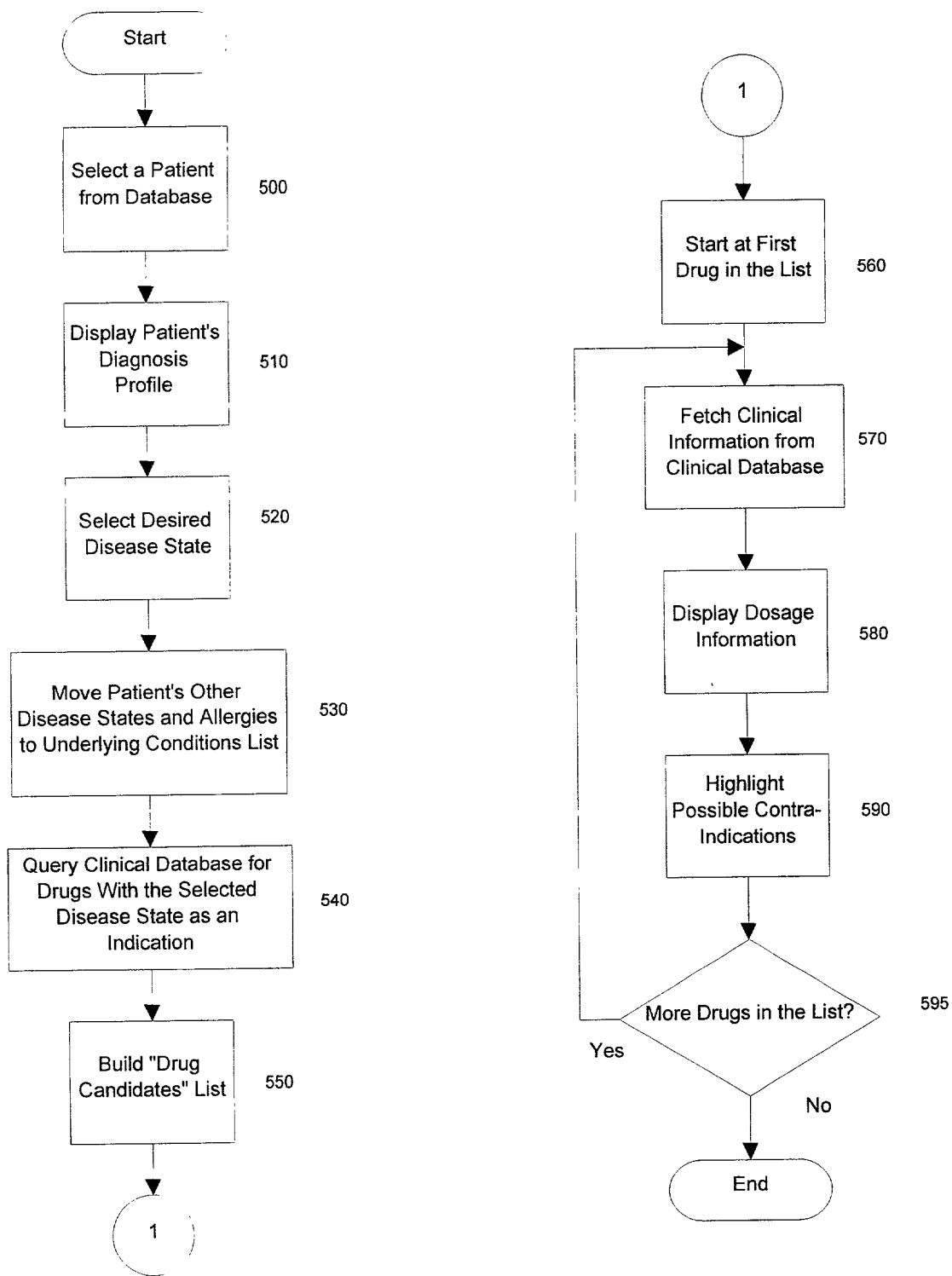


FIG. 5

Disease-based Query

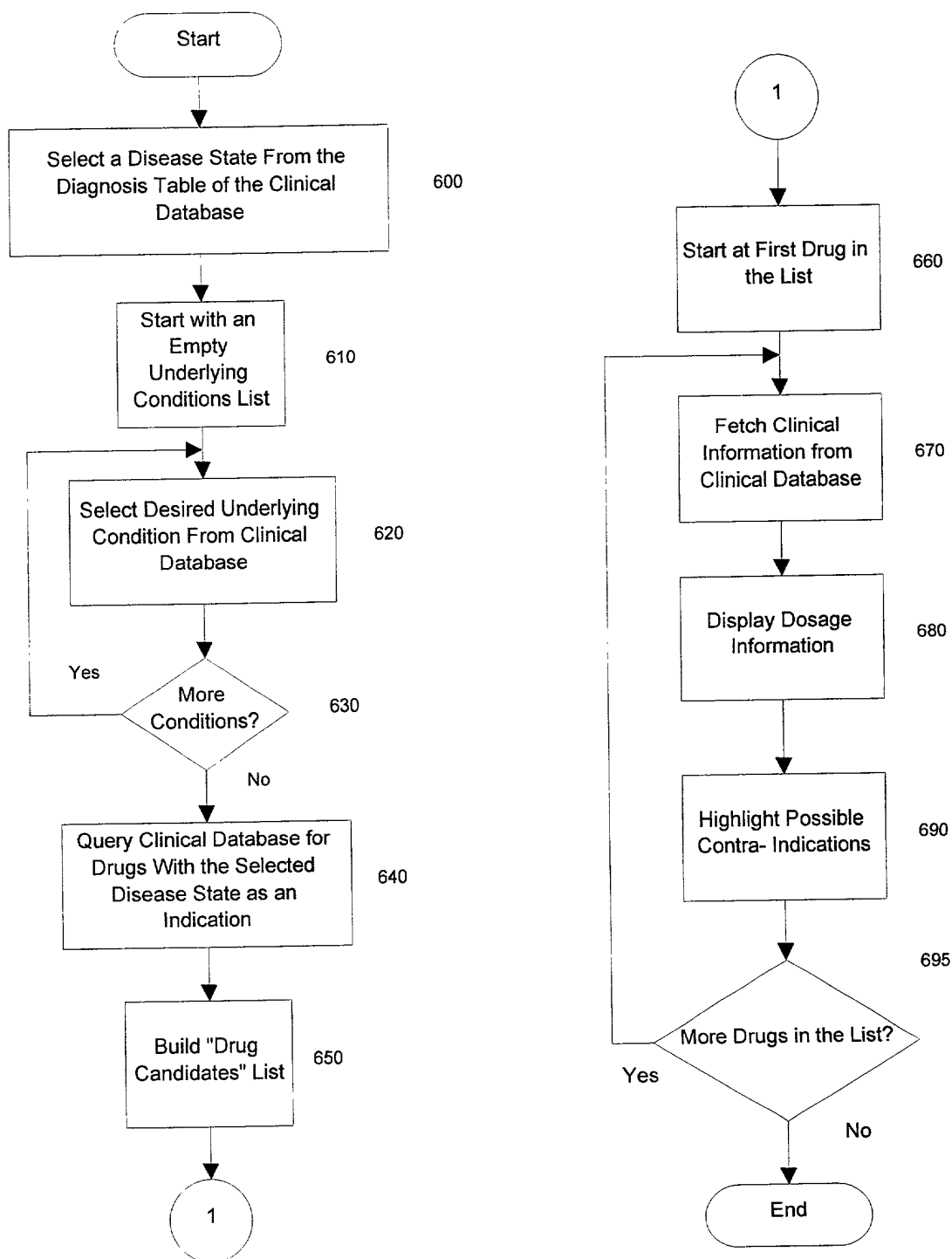


FIG. 6

Drug-based Query

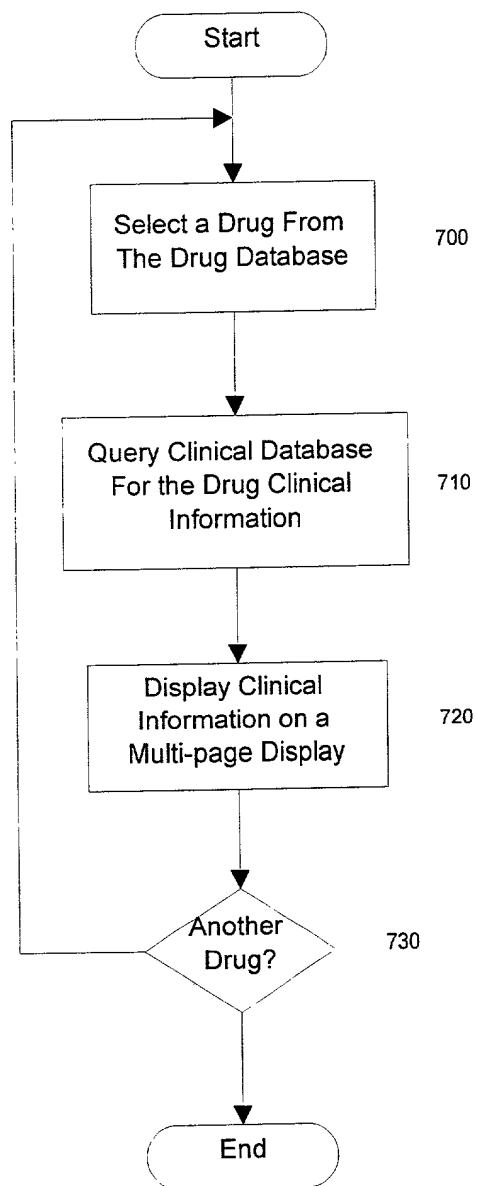


FIG. 7

Drug Class-based Query

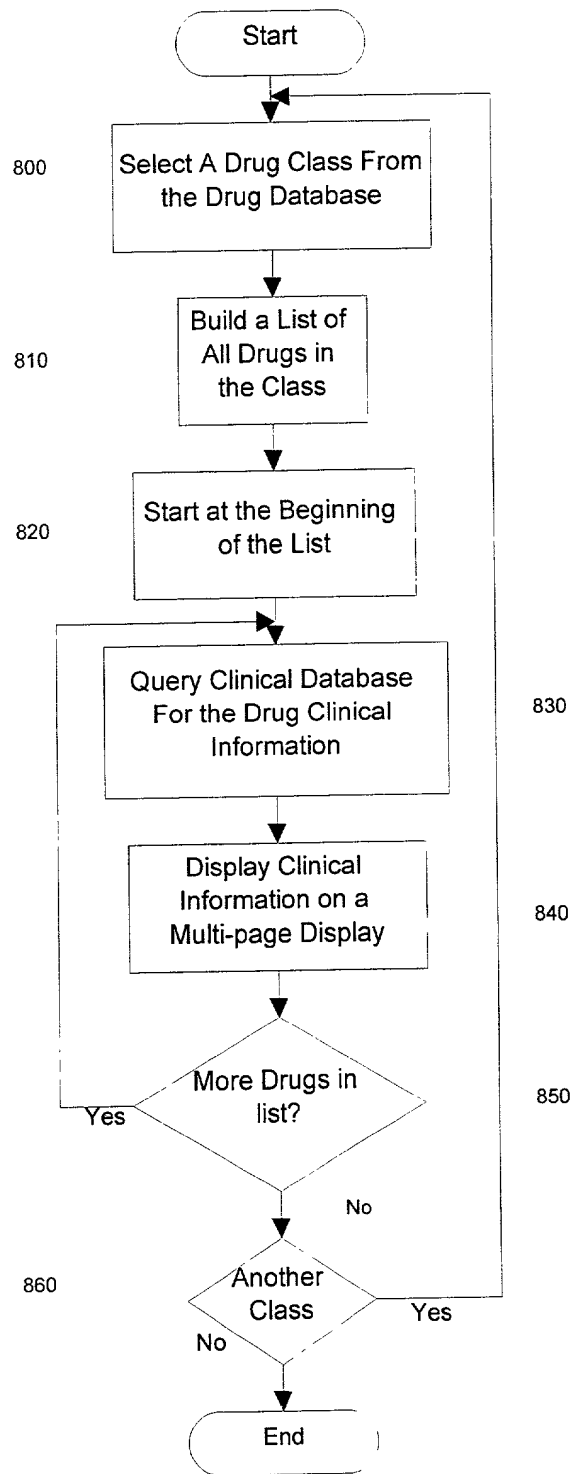


FIG. 8

Adverse Reaction - based Query

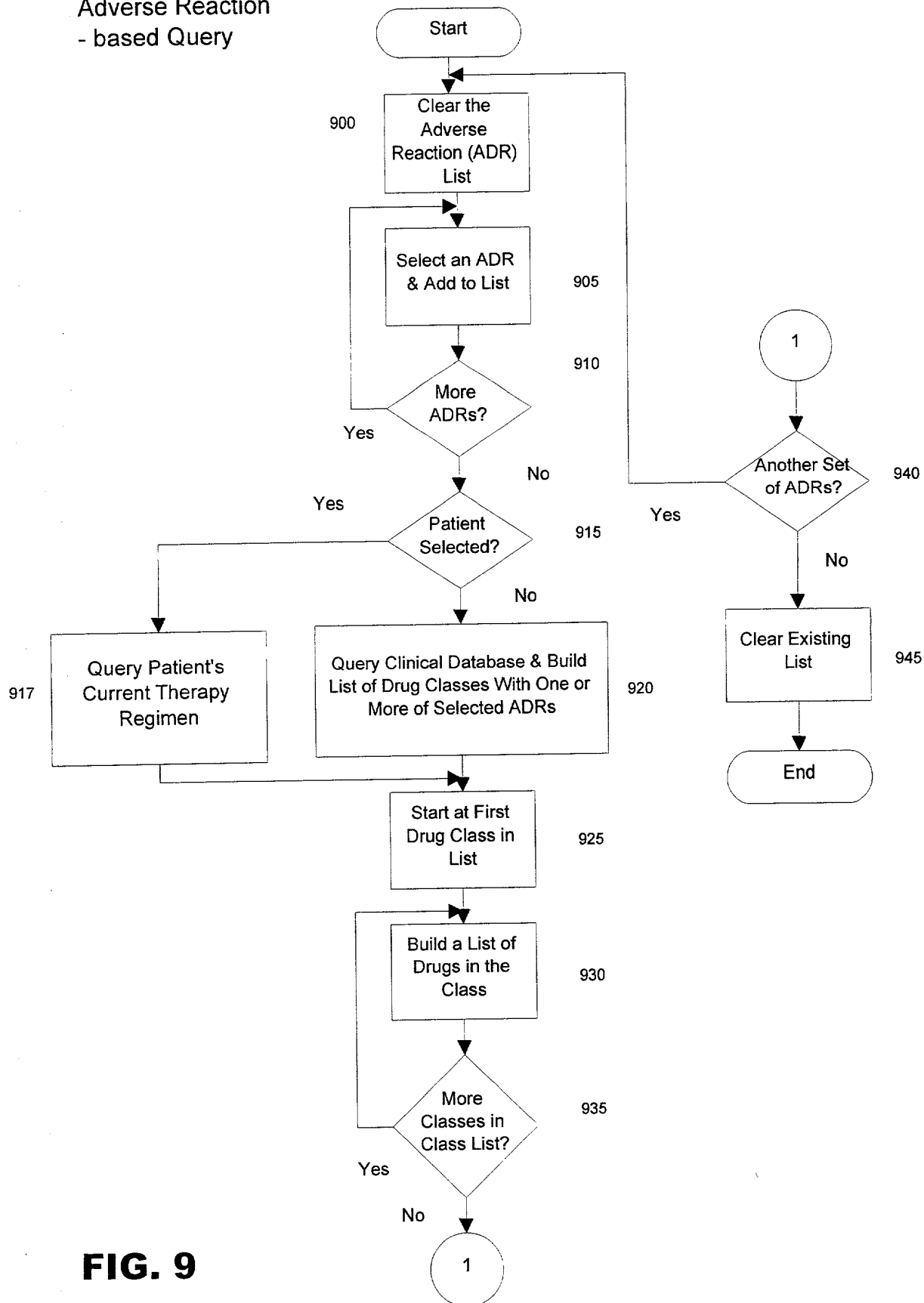


FIG. 9

PCCF - Form

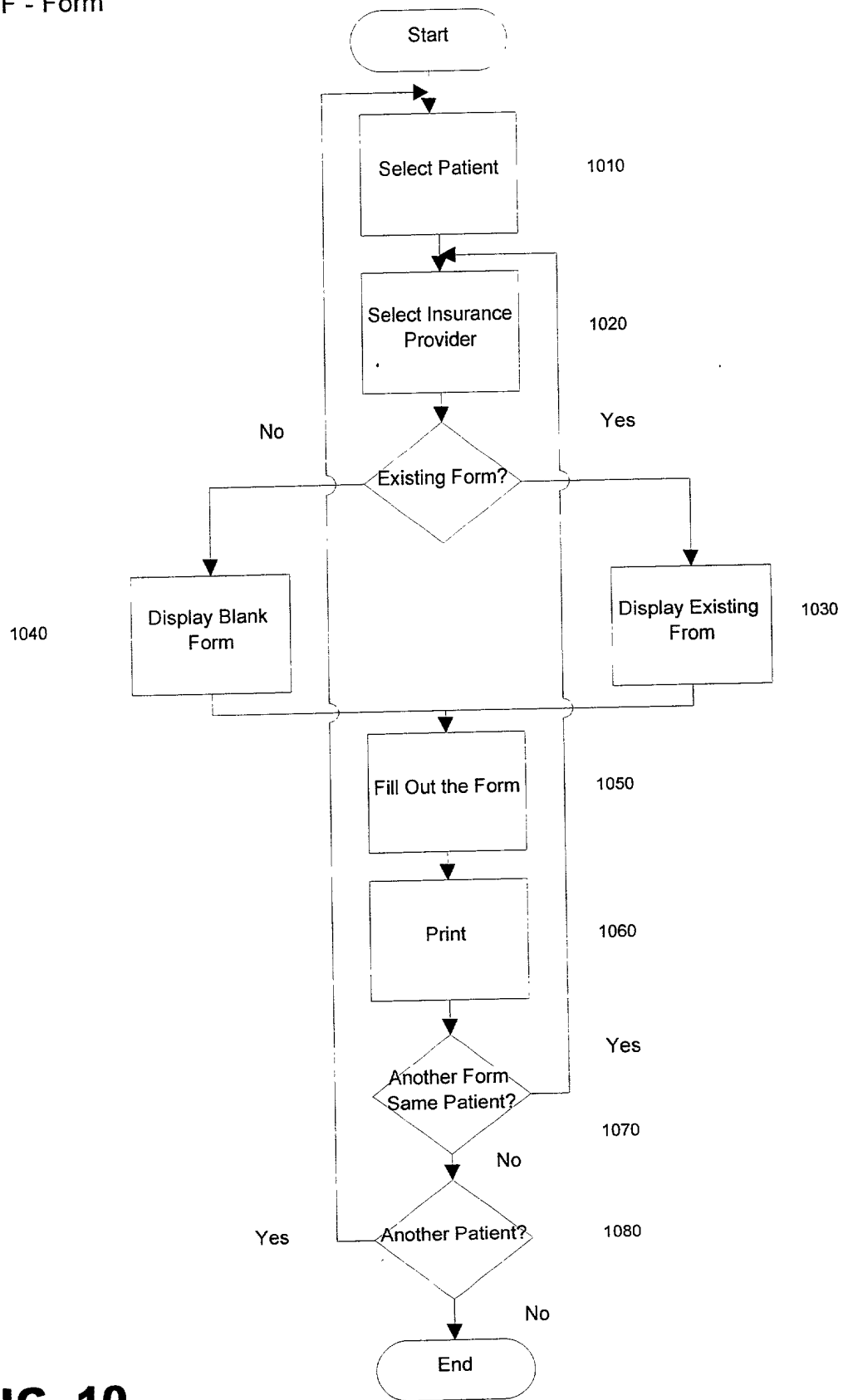


FIG. 10

HCFA 1500 - Form

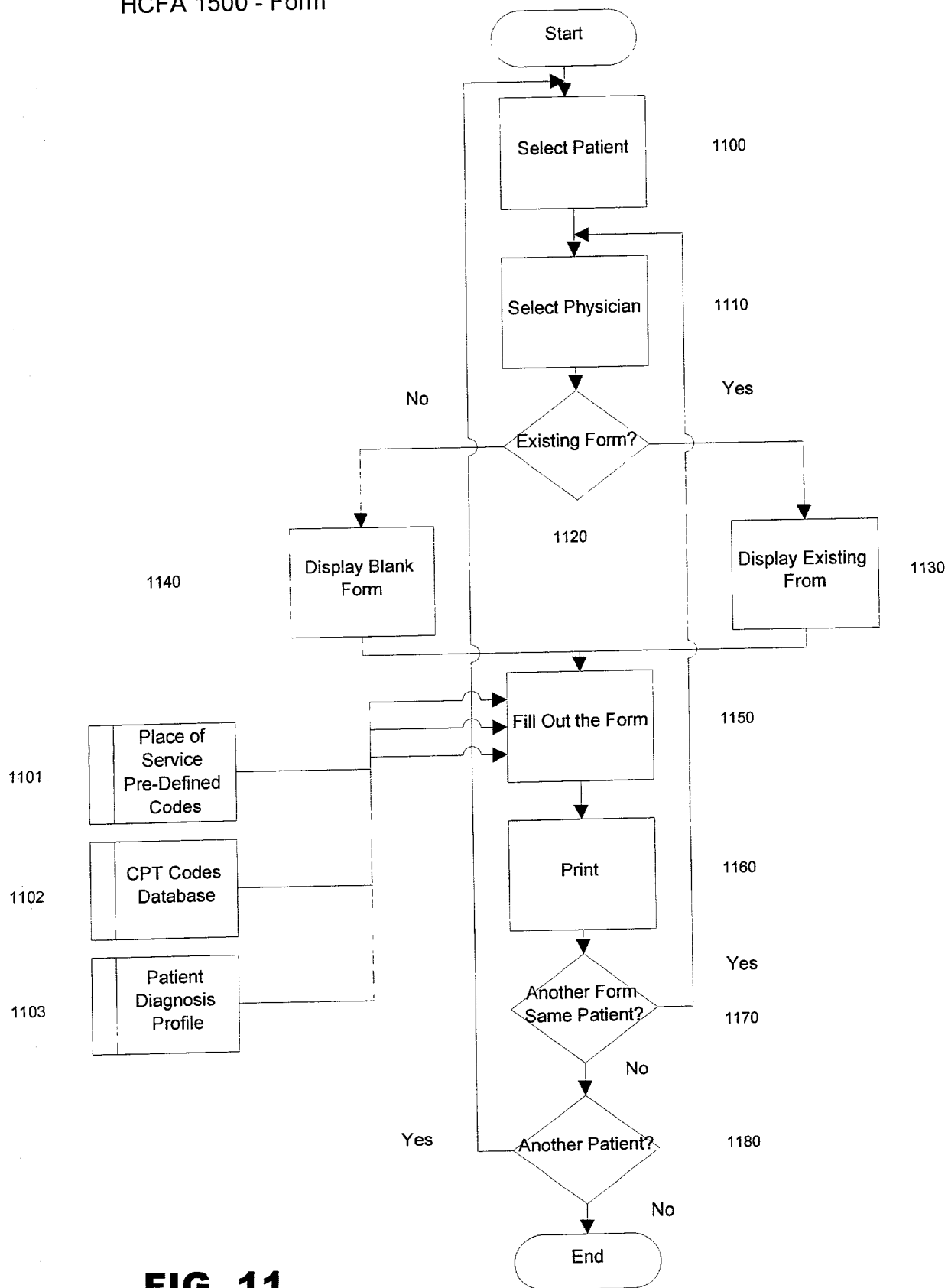


FIG. 11

Humanistic Outcome Surveys

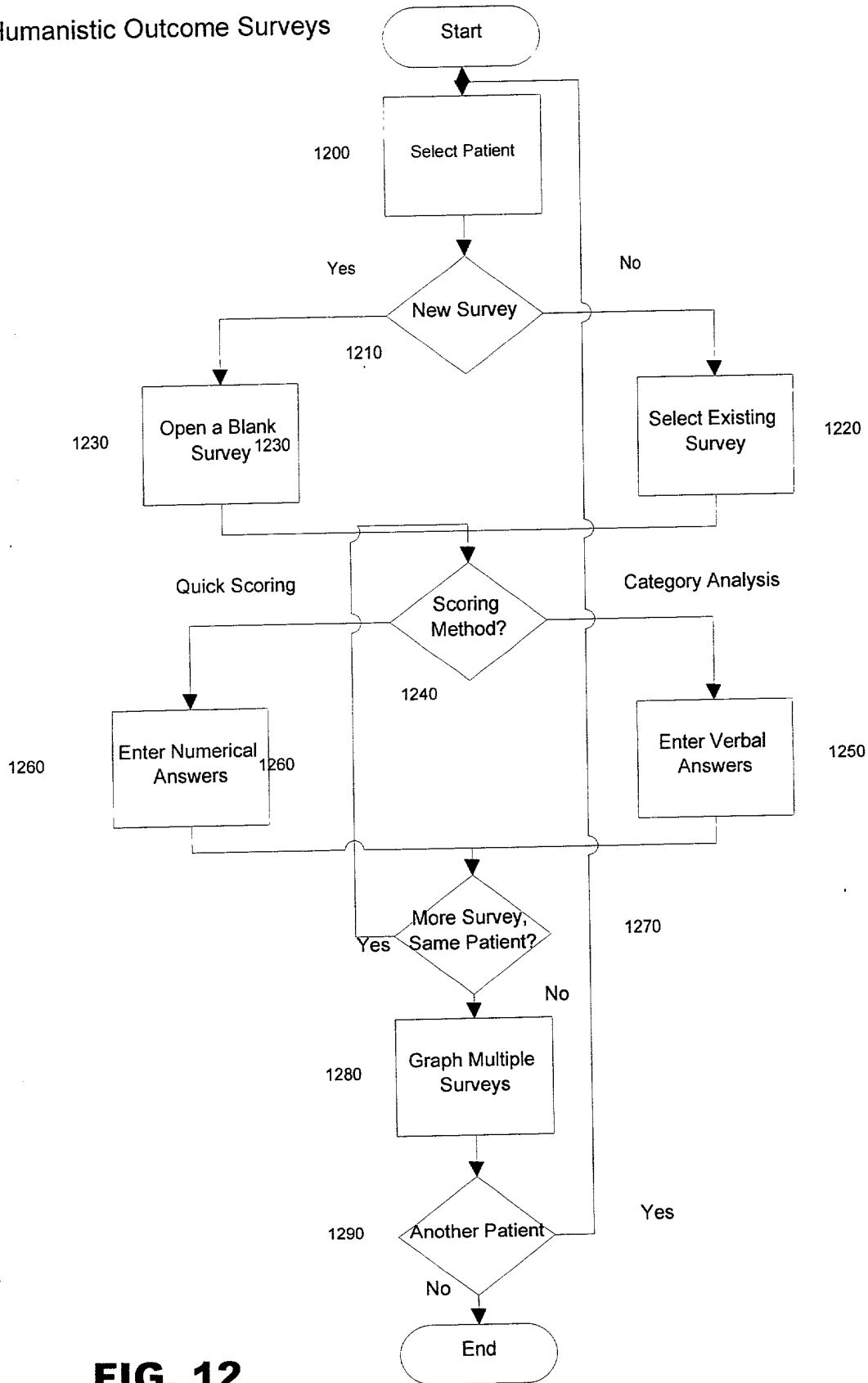


FIG. 12

Patient Query Process

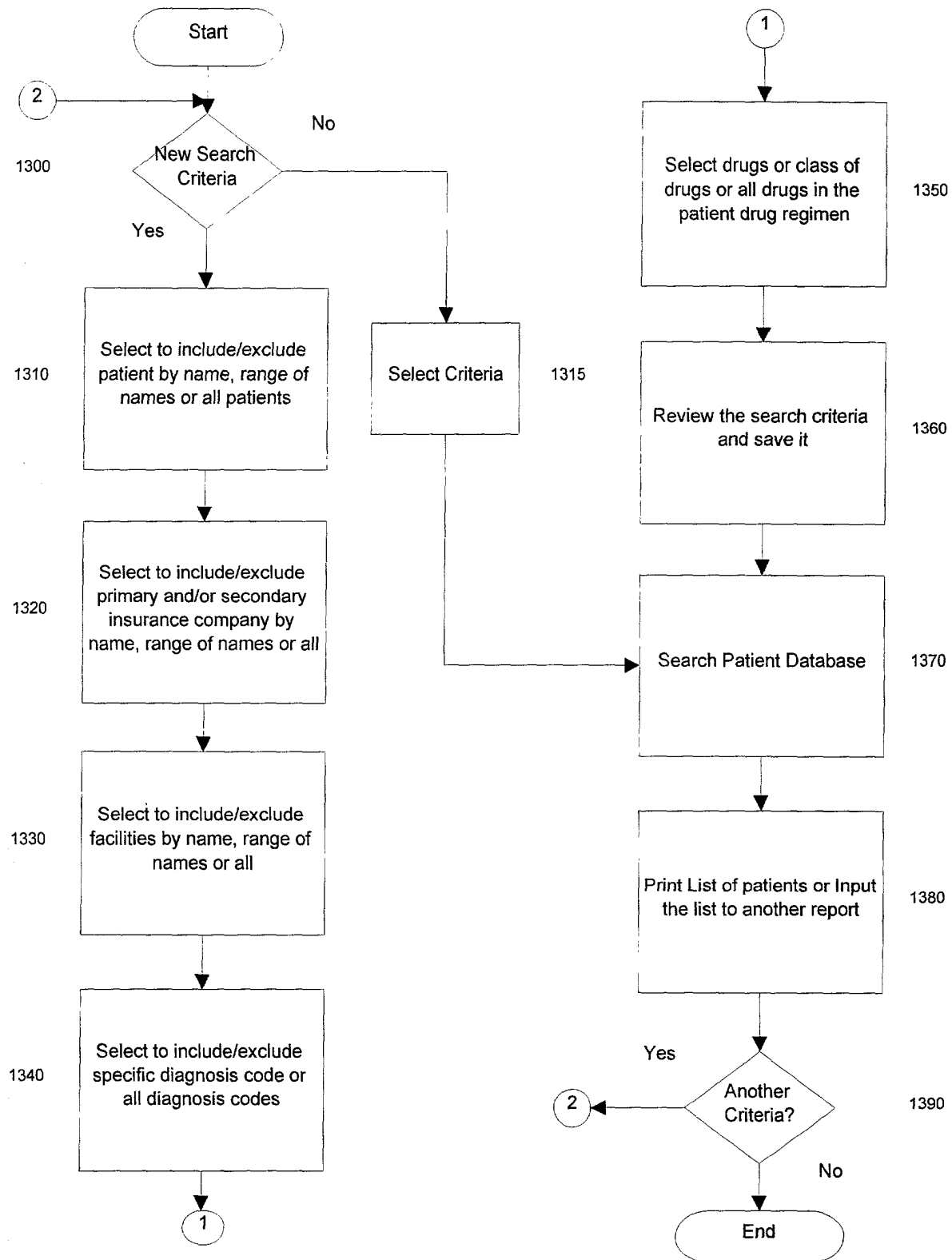


FIG. 13

Drug Utilization Report

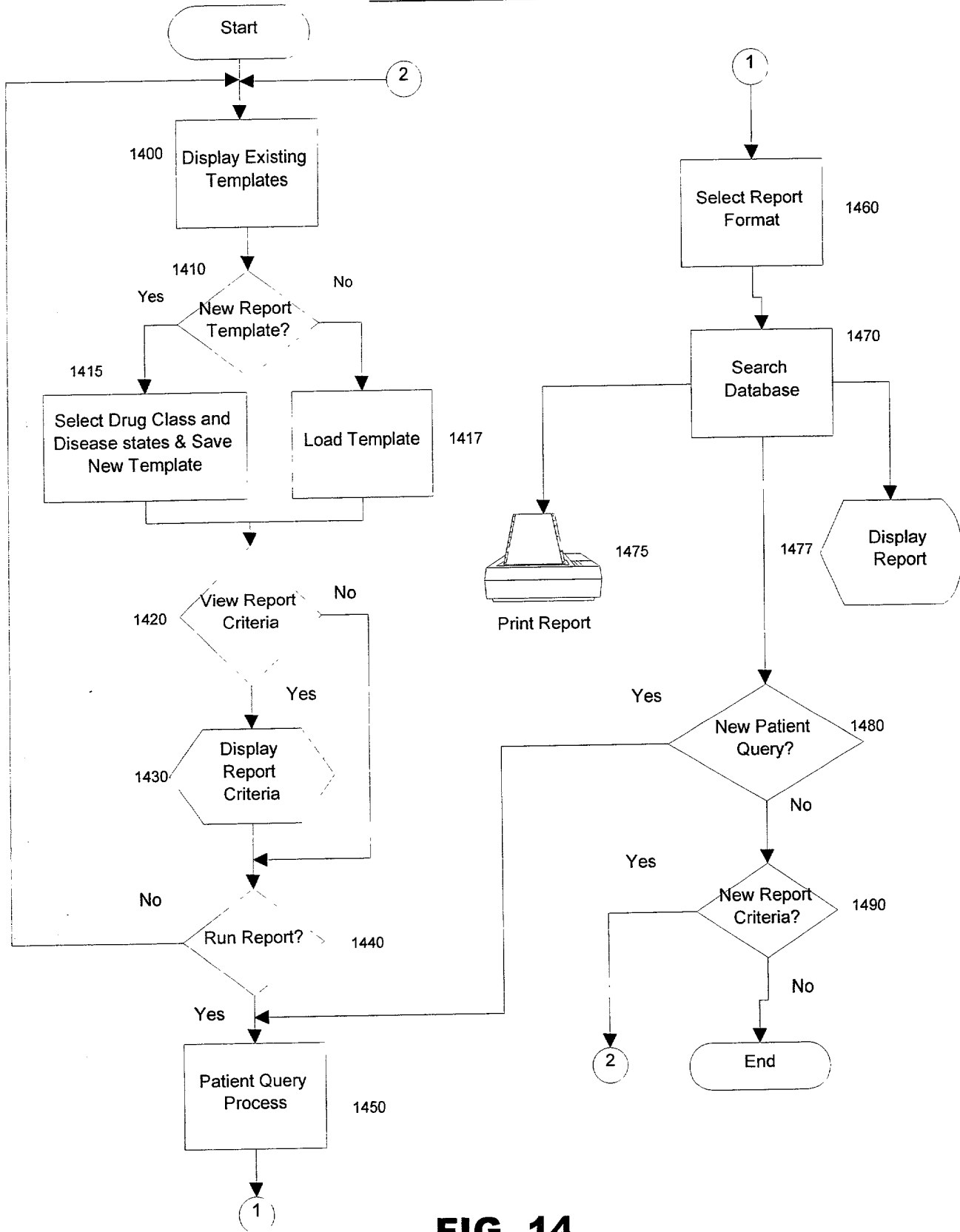


FIG. 14

Therapy Assessment Reports

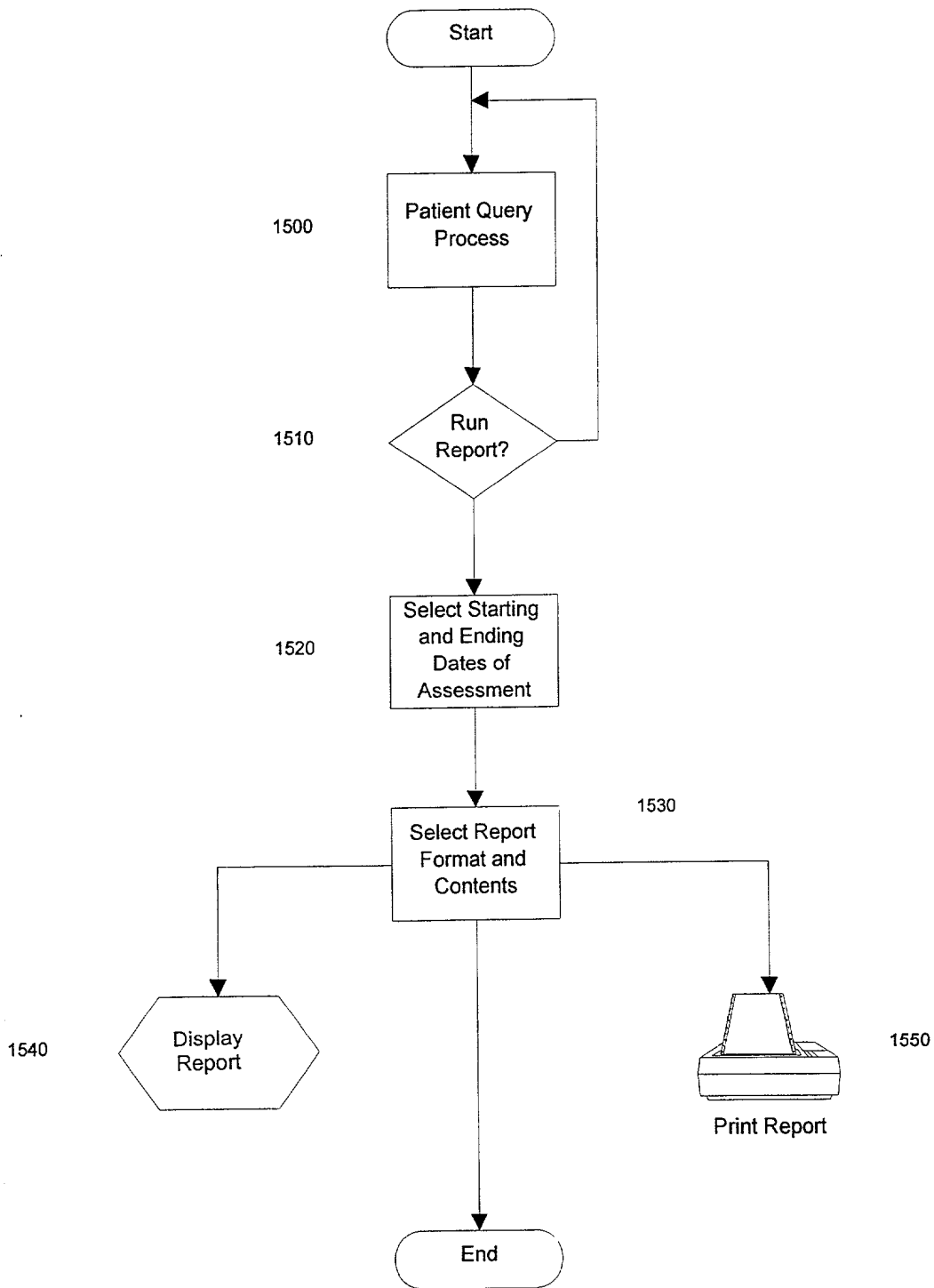


FIG. 15

Clinical Outcome Report

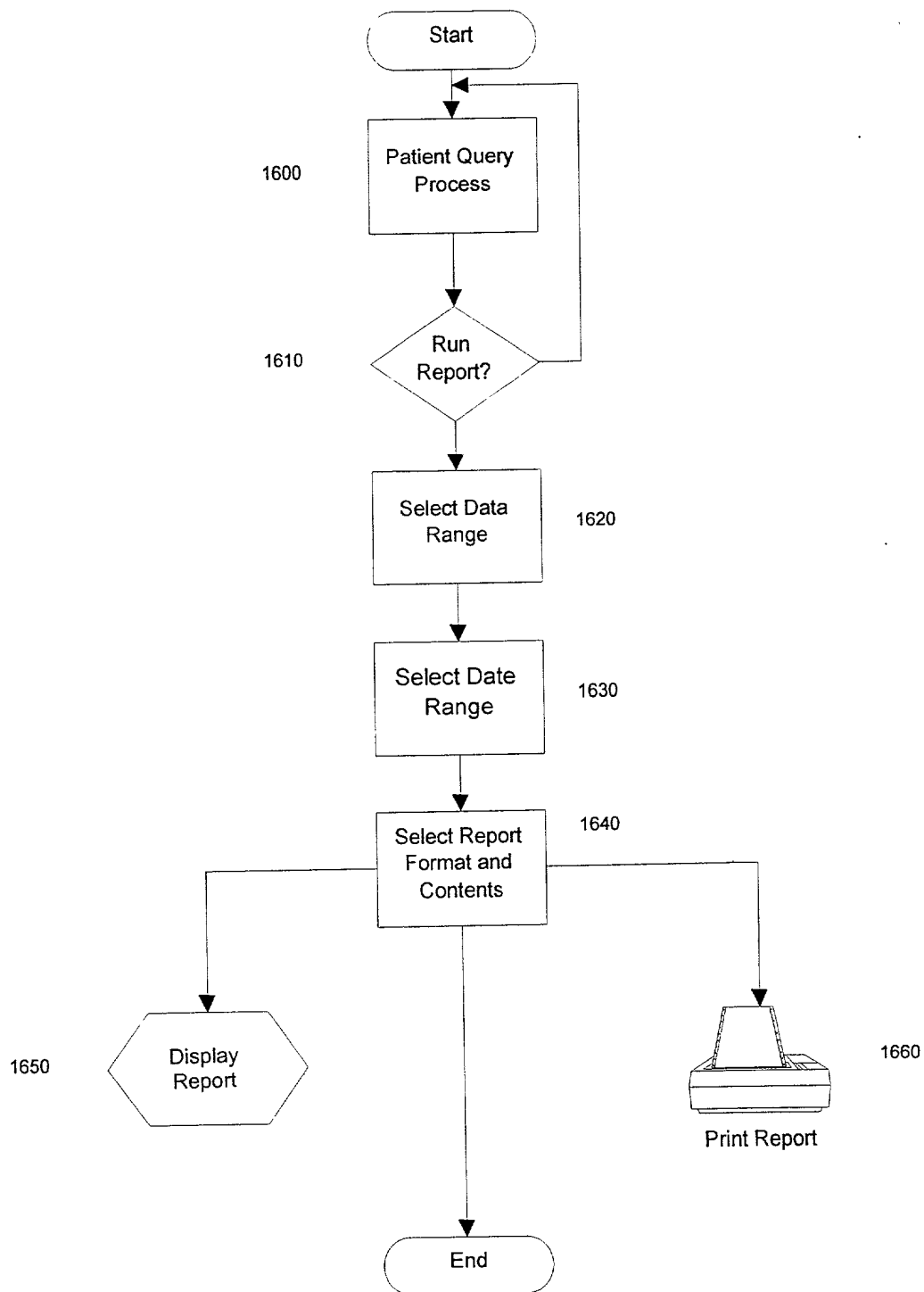


FIG. 16

Etreby Computer Company, Inc.
2145 W. La Palma Ave.
Anaheim, CA. 92801
(714)533-1308

Date Printed : 2/10/99

Pharmacist Care Plan

Patient : XXXXX

Physician : XXXXX

Pharmacist : XXXXX

Service Date : 2/22/98

Disease / Task : **ASTHMA**

Problems / Needs :

- 1- Waking up at night due to symptoms of asthma > twice a month.
- 2- Increased use of short acting beta agonists (>qid).
- 3- Long-term overuse of beta agonists (>1 canister/month).
- 4- Poor tolerance to physical activity.

Goals :

Prevent chronic, troublesome symptoms (coughing or breathlessness).

- 1- Maintain (near) "normal" pulmonary function.
- 2- Maintain normal activity levels including exercise.
- 3- Prevent exacerbations & minimize the need for ER or hospital visits.
- 4- Meet patient's expectations of, & satisfaction with, asthma care.

Plan :

- 1- Continue Quick-relief medication (e.g. SA inhaled B2-agonist) prn symptoms.
- 2- Add a daily antiinflammatory (low dose steroid, cromolyn, or nedocromil).
- 3- Monitor adherence to both classes of medications.
- 4- Implement environmental control measures

Monitoring Parameters :

| | | | | |
|-----------------------|------------------------------------|--|--|--|
| Symptoms | Cough & Wheezing | Physical activity limitation | Exacerbations | Nocturnal awakening last 30 days |
| | 2 or < times/wk | Slightly limited | Mild | 2-4 times |
| Disease Issues | Type of Asthma | Severity Classification | Missed school/work last 30 days | E.R. or Hospital visits last 30 day |
| | Allergic (extrinsic) | Mild pers | One time | None |
| Measurements | PEFR (% of personal best) | PEFR Variability (%) | Frequency of Quick-relief Meds | Canisters of quick-relief Meds/mo. |
| | < or = 80 | 10-20 | qid | >1 but <2 |
| Adherence | To Quick-relief Medications | To AntiInflammatory Medications | To Lifestyle Issues | To Environmental Control |
| | Fair | Poor | Good | Fair |

FIG. 17a

Etreby Computer Company, Inc.
2145 W. La Palma Ave.
Anaheim, CA. 92801
(714)533-1308

Date Printed : 2/10/99

Pharmacist Care Plan

Patient : XXXXX

Physician : XXXXX
Pharmacist : XXXXX
Service Date : 2/10/99

Disease / Task : **ESSENTIAL HYPERTENSION**

Problems / Needs :

- 1- Identify Major Risk Factors
- 2- Determine presence of TOD and CCD
- 3- Based on BP measurements determine BP classification
- 4- Evaluate risk stratification and identify "Risk Group"
- 5- Examine lifestyle modification issues
- 6- Follow BP treatment algorithm and individualize therapy

Goals :

- 1- To reduce morbidity and mortality by the least intrusive means possible
- 2- To achieve and maintain BP below 140/90
- 3- To control other modifiable risk factors for CVD
- 4- To prevent stroke, preserve renal function, and prevent or slow heart failure progression

Plan :

- 1- Identify known causes of high blood pressure
- 2- Assess the presence of TOD and CVD, the extent of the disease, and the response to therapy
- 3- Identify other cardiovascular risk factors or concomitant disorders that may define prognosis and guide treatment
- 4- Follow lifestyle modification guidelines

Monitoring Parameters :

| Symptoms | Smoking | Alcohol Intake | Dyslipidemia | Obesity |
|----------------|-------------------------|--------------------------|---------------------------------|---------------------|
| | No | Yes | Yes | Yes |
| Disease Issues | Family history of CVD | Target Organ Damage | Clinical Cardiovascular Disease | Diabetes |
| | Yes | No | No | Yes |
| Measurements | Systolic blood pressure | Diastolic blood pressure | Blood pressure classification | Risk stratification |
| | 160-179 | 100-109 | Stage 1 | Risk Group C |
| Adherence | Drug therapy | Diet | Exercise | Life-style issues |
| | Fair | Fair | Good | Poor |

FIG. 17b